Health,		STANDARD CERTIFI	/11U//				
& Welfare . Public h Service			mary Registration District No. 1003 STATE FILE NUMBER 171	8			
		1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY admission)				
S. 300 /. 1-56	Đ	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Yes O No O	c. CITY OR TOWN St Louis Youth				
A .:		c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b HOSPITAL OR LINSTITUTION St Anthony, s	23 ADDRESS 1508 A Lafayette Avers North				
ll be tisted. Al natural causes.		3. NAME OF First Middle (Type or print) Louise M	Drissel 4. Date Month Day Year OF DEATH Dec 6 1957				
will be to natur		Female White WIDOWED DIVORCED D	8. DATE OF BIRTH Oct 21 1897 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 Hours Minutes) Months Days Hours Mi				
9		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. Father's Name	11. BIRTHPLACE (City and state or country) CZechoslovakia USA 14. MOTHER'S MAIDEN NAME				
000		? Sykora	Unknovn 17. INFORMANT Address				
tem 18. N certify to WRITE IF		(Yes, no. or unknown) (If yes, give war or dates of service) NO	John H Drissel 1508 A Lafayette A				
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bertinon, INTERVAL BETWEE ONSET AND DEATH				
5 U -		Conditions, if any, which gave rise to above cause (a).	aferoseleesi.				
	Į	aboute cause (of) stating the under- lying cause last. DUE TO (c) PART II. OTHER SYMMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE ZEMMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY				
standard related. CK INK O	ĺ	[\frac{1}{2}] mysterdial who	PERFORMED? YES NO []	<i>]_</i>			
ise only standard no casually related. '		E CONTRACTOR MODEL OF	, v	<u>-</u>			
ust use o be casu ONLY B		INJURY a.m.	4411				
c. must must b USE O		20d. INJURY OCCURRED WHILE AT NOT WHILE 20e. PLACE OF DURY (e.g. in ar about home, farm, factory) and, office blug. ric.)	20/. CITY, TOWN, OR LOCATION COUNTY STAT	E			
Part –			stated above; and to the best of my knowledge, from the causes state				
, coron es in [22a. SIGNATURE (Degree on ville)	22b. ADDRESS Sich Raf By Byly 12c. DATE SIGNI	<u> </u>			
Doctor		23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CR Burial 12/9/37 S Peter & I	Paul Cem St Louis Missouri				
	ı	24 FUNERAL DIRECTOR ADDRESS 25. DA Moydell Funeral Home 1926 Allen Av	DEC 6 57 26. REGISTRAR'S SIGNATURE	B			
		(Licensed Embalmer's Stateme	ent on Reverse Side)				

STATEMENT BY LICENSED EMBALMER

	I hereby certify		name is reco				
by a	me, or by		 	 	, Student l	Embalmer I	No
	, ,		. **	• •			
		_					

working under my personal supervision..

Signature of Student Embalmer

Student.....

Licensed Embalmer, No. 3.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F: -to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.